



# SUMMER MUSIC REGISTRATION FORM - 2015



## PARTICIPANT INFORMATION:

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male/Female Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 1 Cell: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Parent 2 Cell: \_\_\_\_\_

**If applicable, please identify in the space below your child's history of medical conditions or surgical procedures, special needs, therapy programs and/or regularly taken prescription medications:**

\_\_\_\_\_

**Emergency Contact Information:** Please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## PICK-UP AUTHORIZATION:

I hereby authorize the following person(s) to pick up my child from the Summer Music Program located at John Wallace Middle School. If there are any changes to these arrangements, I will give written notice. Parent/guardian must be included on this release.

Parent/Guardian Name: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please check if applicable:** My child is allowed to ☐ **WALK** ☐ **BIKE** to and from the program.

## INSTRUMENTS:

Child's School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Instrument child will play at Summer Music: \_\_\_\_\_

Instrument Played at Current School: \_\_\_\_\_ Years of Study: \_\_\_\_\_

**Assumption of Liability:** Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards any my ability to

participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Newington Parks & Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Newington Parks & Recreation's use only and may be used in future catalogs, websites, brochures, pamphlets and/or flyers.

**I have read, understand, and agree to the terms and conditions of this form.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle program:	<b>Beginners: \$90 (Residents)</b>	<b>\$110 (Non-Residents)</b>	<b>Program ID: 10340</b>
	<b>Advanced: \$90 (Residents)</b>	<b>\$110 (Non-Residents)</b>	<b>Program ID: 10341</b>
	<b>Advanced PLUS: \$135 (Residents)</b>	<b>\$155 (Non-Residents)</b>	<b>Program ID: 10342</b>

Circle Method of Payment: Cash Check Credit Card (VISA, Mastercard, Discover) Total Amt Due: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_